

Time Critical Diagnosis (TCD)-Stroke and STEMI System Document

Stroke-Specific

TITLE: 5. Stroke Protocol for Emergency Medical Services

DISTRIBUTION: All Emergency Medical Services Personnel

PURPOSE: To outline the treatment guidelines regarding patients experiencing a suspected stroke. Stroke should be treated as a time critical emergency.

PROTOCOL:

ON SCENE

1. ABCs. Maintain oxygen saturation at a minimum of 93%. If oxygen saturation falls below 93%, administer low flow oxygen at 2-4 LPM. Do not routinely administer high flow oxygen to stroke patients. If the patient has shortness of breath, oxygen saturation less than 93%, or decreased level of consciousness, increase oxygen as needed.
2. Obtain blood glucose level. Treat only if less than 50 mg/dl.
3. Obtain vital signs including 12-lead ECG and a brief history (last time seen normal or without symptoms). Make sure to get a phone number where someone knowledgeable of the patient's current condition and health history can be contacted immediately (preferably a cell phone).
4. Perform a basic stroke exam using the Cincinnati Prehospital Stroke Scale. The stroke exam used must be consistent across the region.
5. Do not delay transport. Transport urgently to a stroke center (on scene time of 10 minutes or less). Determine if patient should be transported by ground or air.

NOTE: A stroke center is defined by TCD regulation. Follow regional plan for your area.
If symptom onset is less than 2 hours transport to nearest level I, II or III (treatment needs to start within 3 hours and the hospital will need 1 hour to implement treatment).
If symptom onset is greater than 2 hours and less than 7 hours, transport to the highest level stroke center available, preferentially a level I center.

EN ROUTE

1. Contact receiving facility and notify of suspected stroke patient as soon as possible.
2. Establish an IV (preferably 18ga right AC).
3. Perform an expanded stroke exam if time and patient condition will allow (regional

recommendation).

4. Do not treat hypertension without specific approval from the receiving facility.
5. Patient should be transported with head flat, unless risk of aspiration is present.
6. Patient handoff at the hospital should include:
 - ✓ patient assessment and condition upon arrival, including time of onset;
 - ✓ care provided;
 - ✓ changes in condition following treatment; and
 - ✓ specific immediate family contact information.

Acronyms:

- ABC-
- AC-
- ECG-Electrocardiogram
- EMS-Emergency Medical Services
- Ga-Gauge
- IV-
- LPM
- Mg/dl-miligrams per deciliter
- TCD-Time Critical Diagnosis

Stroke and STEMI meetings at which Stroke and Out-of-Hospital Work Groups contributed input to this document: 12/2/08, 1/6/09, and 2/10/09.